A BILL TO BE ENTITLED

AN ACT

relating to the Office for Health Equity.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

SECTION 1. Chapter 107A, Health and Safety Code, is amended to read as follows:

Sec. 107A.001. THE OFFICE FOR HEALTH EQUITY.

The executive commissioner shall maintain an office in the commission to:

(1) assume a leadership role in working or contracting with state and federal agencies, universities, private interest groups, communities, foundations, and offices of minority health to develop and implement health initiatives to create health equity by decreasing or eliminating health and health access disparities among racial, multicultural, disadvantaged, ethnic, gender, age, language, and regional populations, including appropriate language services; and

(2) seek out state and federal agencies, universities, private interest groups, communities, foundations, and offices of minority, gender, age health in order to coordinate and maximize use of existing resources without duplicating existing efforts.

Sec. 107A.002. POWERS OF THE OFFICE. The office may:
(1) provide a central information and referral source, including a clearinghouse for health disparities information, and serve as the primary state resource in coordinating, planning, [and] advocating, and implementing access to health care services to eliminate health disparities in this state;

(2) coordinate conferences and other training opportunities to increase skills among state agencies and government staff in management and in the appreciation of cultural diversity;

(3) pursue and administer grant funds for innovative projects for communities, universities, groups, and individuals;

(4) provide recommendations and training in improving minority recruitment in state agencies;

(5) publicize, distribute, and implement information and evidence based strategies to promote health equity and eliminate [regarding] health disparities and minority health issues through the use of the media;

(6) network with existing minority organizations, community-based health groups, faith-based organizations, and statewide health coalitions;

(7) solicit, receive, and spend grants, gifts, and donations from public and private sources; [and]

(8) contract with public and private entities in the performance of its responsibilities;

(9) investigate and report on issues related to health and health access disparities among multicultural, ethnic disadvantaged, gender, age, language, and regional populations;
coordinate and work with local health authorities to collect and report data related to health and health access disparities among multicultural, disadvantaged, ethnic, gender, age, language, and regional populations;

(11) make the de-identified data collected in subsection (10) readily available to the public;

(12) monitor existing and emerging trends in behavioral health, morbidity and mortality among multicultural, disadvantaged, ethnic, gender, age, language, and regional populations;

(13) develop and implement short term and long term strategies to promote health equity and eliminate health and health access disparities among multicultural, disadvantaged, ethnic, gender, age, language, and regional populations;

(14) monitor the progress of the commission and the providers it contracts with in promoting health equity and eliminating the health and health access disparities;

(15) advise and assist the commission on the implementation of any targeted programs or funding authorized by the legislature to address health and health access disparities.

(16) examine the role that disparities in education, criminal justice, housing, economic opportunity, environment, and other social determinants contribute to disparities in health access and outcomes

(17) examine how health disparities impact access to educational, housing, and economic opportunity; and

(18) advise the commission on provider contracting to
ensure that the commission contracts with providers that promote health equity and eliminate health and health access disparities among multicultural, disadvantaged, ethnic, gender, age, language, and regional populations.

Sec. 107A.003. FUNDING. The commission may distribute to the office:

(a) unobligated and unexpended appropriations to be used to carry out its powers;

(b) appropriations of money to the fund by the legislature; or

(c) gifts, grants, including grants from the federal government, and other donations received for the fund.

Sec. 107A.004. PROVIDER CONTRACTS.

(a) The commission shall work with the office during all contract procurement to ensure that providers promote health equity and eliminate health and health access disparities among multicultural, disadvantaged, ethnic, gender, age, language, and regional populations.

(b) the office shall assist providers contracted with the commission implement programs and strategies that promote health equity and eliminate health and health access disparities among multicultural, disadvantaged, ethnic, gender, age, language, and regional populations.

Sec. 107A.005. CROSS AGENCY ASSISTANCE. The office may work with other Texas agencies to advise and assist in implementation of programs and strategies aimed at eliminating social determinants that that cause health and health access
disparities among multicultural, disadvantaged, ethnic, gender, age, language, and regional populations.

Sec. 107A.006. COVID-19 DISPARITIES. (a) In this section, "COVID-19" means the 2019 novel coronavirus.

(b) The center shall conduct a study to assess the disproportionate effect the COVID-19 pandemic has had on racial, multicultural, ethnic, disadvantaged, gender, age, and regional populations in this state. In conducting the study, the center shall:

(1) determine whether the COVID-19 pandemic disproportionately affected certain racial, multicultural, ethnic, disadvantaged, gender, age, language, and regional populations in this state;

(2) if the center determines a particular population was disproportionately affected by the pandemic, identify the underlying causes of that disproportionate effect; and

(3) recommend policies and procedures for promoting health equity during a future natural disaster, pandemic, or other public health emergency.

(c) Not later than December 1, 2022, the center shall submit to the governor, lieutenant governor, speaker of the house of representatives, and members of the legislature a written report on the results of the study and any recommendations for legislative or other action.

(d) This section expires August 31, 2023.

SECTION 2. This Act takes effect September 1, 2021.